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		CLAIMS AS	FILED - (Column		l (Colu	mn 2)		SMALL EI	NTITY	OR	OTHER SMALL	
OTAL CLAIMS							RATE FEE		1	RATE	FEE	
OR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OR	BASIC FEE	
OTAL CHARGEABLE CLAIMS			mir	minus 20= *				X\$25≡	7.0	OR	X\$ <i>57</i> =	+ 110
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ULTIPLE DEPENDENT CLAIM P			RESENT	,				YOU	· ·	OR	×200=	<u>-</u>
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N.								TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	
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		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER JUSLY	PRESENT EXTRA		HATE	ADDI TIONAL		RATE	ADDI- TIONAL
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

^{*} If the entry in column 1 is less than the entry in column 2, write 0 in column 3
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.